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To: PTO, Examiner Escalante

Fax No. 703-872-9306

**From: Jeramie Keys
Withers & Keys, LLC**

Fax No. 678-565-4749

Date: July 1, 2004

5 pages (including cover)

Application No.: 09/604,963

Message Text:

**Transmittal Form
Statement under 3.73
Revocation
New Power of Attorney**

PTO/SO/21 (02-04)

Approved for use through 07/31/2006. OMB 0651-0031

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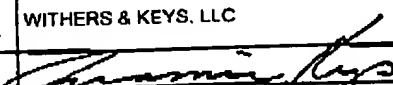
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TRANSMITTAL FORM (to be used for all correspondence after initial filing)	Application Number	09/604.903	
	Filing Date	June 28, 2000	
	First Named Inventor	Michael Griffiths	
	Art Unit	2645	
	Examiner Name	O. Escalante	
Total Number of Pages in This Submission	4	Attorney Docket Number	20009.0003US01 (US99-155)

ENCLOSURES (Check all that apply)		
<input type="checkbox"/> Fee Transmittal Form	<input type="checkbox"/> Drawing(s)	<input type="checkbox"/> After Allowance communication to Technology Center (TC)
<input type="checkbox"/> Fee Attached	<input type="checkbox"/> Licensing-related Papers	<input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences
<input type="checkbox"/> Amendment/Reply	<input type="checkbox"/> Petition	<input type="checkbox"/> Appeal Communication to TC (Appeal Notice, Brief, Reply Brief)
<input type="checkbox"/> After Final	<input type="checkbox"/> Petition to Convert to a Provisional Application	<input type="checkbox"/> Proprietary Information
<input type="checkbox"/> Affidavits/declaration(s)	<input checked="" type="checkbox"/> Power of Attorney, Revocation	<input type="checkbox"/> Status Letter
<input type="checkbox"/> Extension of Time Request	<input type="checkbox"/> Change of Correspondence Address	<input checked="" type="checkbox"/> Other Enclosure(s) (please identify below):
<input type="checkbox"/> Express Abandonment Request	<input type="checkbox"/> Terminal Disclaimer	
<input type="checkbox"/> Information Disclosure Statement	<input type="checkbox"/> Request for Refund	
<input type="checkbox"/> Certified Copy of Priority Document(s)	<input type="checkbox"/> CD, Number of CD(s) _____	
<input type="checkbox"/> Response to Missing Parts/Incomplete Application		
<input type="checkbox"/> Response to Missing Parts under 37 CFR 1.52 or 1.53		

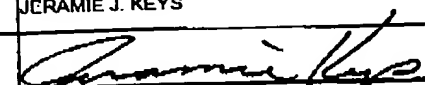
Remarks
Power of Attorney and Correspondence Address Indication Form;
Statement Under 37 CFR 3.73(b)

SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT

Firm or Individual name	WITHERS & KEYS, LLC	
Signature		
Date	7-1-04	

CERTIFICATE OF TRANSMISSION/MAILING

I hereby certify that this correspondence is being facsimile transmitted to the USPTO or deposited with the United States Postal Service with sufficient postage as first class mail in an envelope addressed to: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450 on the date shown below.

Typed or printed name	JERAMIE J. KEYS		
Signature		Date	7-1-04

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PTO/SB/96 (09-00)

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STATEMENT UNDER 37 CFR 3.73(b)Applicant/Patent Owner: Michael GriffithsApplication No./Patent No.: 09/804,983 Filed/Issue Date: June 28, 2000Entitled: System and Method for Providing an Away-from-Home Calling ServiceBellSouth Intellectual Property Corporation, a corporation
(Name of Assignee) (Type of Assignee, e.g., corporation, partnership, university, government agency, etc.)

states that it is:

1. ☒ the assignee of the entire right, title, and interest or2. ☐ an assignee of less than the entire right, title and interest
The extent (by percentage) of its ownership interest is _____ %
in the patent application/patent identified above by virtue of either:A. ☒ An assignment from the inventor(s) of the patent application/patent identified above. The assignment was recorded in the United States Patent and Trademark Office at Reel 011583 Frame 0150 or for which a copy thereof is attached.

OR

B. ☐ A chain of title from the inventor(s), of the patent application/patent identified above, to the current assignee as shown below:

1. From: _____ To: _____
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☐ Additional documents in the chain of title are listed on a supplemental sheet.☐ Copies of assignments or other documents in the chain of title are attached.

(NOTE: A separate copy (i.e., the original assignment document or a true copy of the original document) must be submitted to Assignment Division in accordance with 37 CFR Part 3, if the assignment is to be recorded in the records of the USPTO. See MPEP 302.08)

The undersigned (whose title is supplied below) is authorized to act on behalf of the assignee.

7-1-04

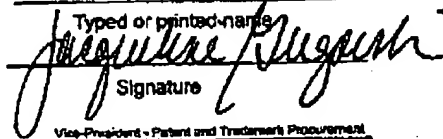
Date

404.248.2780

Telephone number

Jacqueline Gregorini

Typed or printed name



Signature

Vice-President - Patent and Trademark Procurement

Title

This collection of information is required by 37 CFR 3.73(b). The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 12 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

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REVOCATION OF POWER OF ATTORNEY WITH NEW POWER OF ATTORNEY AND CHANGE OF CORRESPONDENCE ADDRESS	Application Number	08/604,983
	Filing Date	June 28, 2000
	First Named Inventor	Michael Griffiths
	Art Unit	2645
	Examiner Name	O. Escalante
	Attorney Docket Number	20009.00030601 (8320-135)

I hereby revoke all previous powers of attorney given in the above-identified application.

☒ A Power of Attorney is submitted herewith.

OR

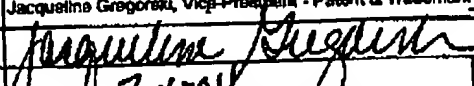
☐ I hereby appoint the practitioners associated with the Customer Number: ☐ Please change the correspondence address for the above-identified application to:☐ The address associated with
Customer Number:

OR

<input checked="" type="checkbox"/> Firm or Individual Name	WITHERS & KEYS, LLC				
Address	P.O. BOX 71355				
Address					
City	Marietta	State	GA	Zip	30007-1355
Country	USA				
Telephone	678-565-4748	Fax	678-565-4749		

I am the:

☐ Applicant/Inventor.☒ Assignee of record of the entire interest. See 37 CFR 3.71.
Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96)**SIGNATURE of Applicant or Assignee of Record**

Name	Jacqueline Gregorski, Vice-President - Patent & Trademark Procurement, BellSouth Intellectual Property Corporation		
Signature			
Date	7-1-04	Telephone	404.249.2790

NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below.

☐ Total of _____ forms are submitted.

This collection of information is required by 37 CFR 1.36. The information is required to obtain or retain a benefit by the public which is to the (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 3 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

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PTO/SB/81 (09-03)

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CORRESPONDENCE ADDRESS
INDICATION FORM**

Application Number	09/604,963
Filing Date	June 28, 2000
First Named Inventor	Michael Griffin
Title	System and Method for Providing an Asap-Form-Home Calling Service
Art Unit	2846
Examiner Name	O. Escalante
Attorney Docket Number	7009R.0033U.901 (BSB-156)

I hereby appoint:

☐ Practitioners associated with the Customer Number:

OR

☒ Practitioner(s) named below:

Name	Registration Number
James D. Withers; Jeramie J. Keys	40,278; 42,724
Matthew Todd Milchem	40,731
Geoff Sutcliffe	36,348
Jennifer Medlin	41,385

as my/our attorney(s) or agent(s) to prosecute the application identified above, and to transact all business in the United States Patent and Trademark Office connected therewith.

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OR

☒ Firm or Individual Name WITHERS & KEYS, LLC

Address P.O. Box 71355

Address

City Marietta

State Georgia

Zip 30007-1355

Country USA

Telephone 678-565-4748

Fax 678-565-4749

I am the:

☐ Applicant/Inventor.☒ Assignee of record of the entire interest. See 37 CFR 3.71.
Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/85)

SIGNATURE of Applicant or Assignee of Record

Name Jacqueline Gregorski, Vice-President, Patent & Trademark Procurement, BellSouth Intellectual Property Corporation

Signature *Jacqueline Gregorski*

Date 7-1-04

Telephone 404.249.2790

NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below.

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